

"Postabortion care is helping very much. It has improved the management of clients, not only those with incomplete abortion but also others... People have understood about family planning, and my records show an increase in the number of family planning clients."

A man in a striped shirt is pointing to a poster on a wall. The poster is titled 'The new family planning' and features a large blue arrow pointing right. There are other posters and a calendar on the wall.

A USAID team's recent evaluation of PRIME's PAC work in Kenya over the past two years confirms that private nurse-midwives are clearly capable of delivering high quality, primary-level PAC services. Data on more than 1,600 clients served by

PRIME-trained nurse-midwives for complications from unsafe or incomplete abortion reveal that 93% were successfully treated using manual vacuum aspiration (MVA) and 3% were managed without MVA. Only 4% had to be referred to higher-level facilities after arriving with advanced complications that could not be treated by the nurse-midwives. PRIME reports that 81% of the PAC clients received counseling for family planning, with 56% accepting a contraceptive method. PAC clients also received counseling for STI/HIV prevention (73.6%), breast cancer (48%), cervical cancer (38%) and nutrition (50%).



Successful collaboration among PRIME partners Intrah, EngenderHealth and PATH, with global partner Ipas, helped make this a sustainable and replicable program. Recommendations from the evaluation are now shaping PRIME's scale-up of PAC training in more Kenyan provinces in conjunction with USAID's bilateral AMKENI project.

The PRIME II Project works around the world to strengthen the performance of primary-care providers as they strive to improve family planning and reproductive health services in their communities.

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PRIME II

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